DORSET COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE

1966

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1966

A. F. Turner

M.B., B.Ch., D.P.H.

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FOREWORD

The economies and restrictions of 1966 limiting all local authority development also affected the school health service but there were some notable exceptions in those sections where the need for improvement was most urgent.

The report of the Principal School Dental Officer is encouraging and if the recommendations of the special committee set up to report on the Dental Service can continue to be implemented annually comprehensive treatment for all children may not be so far away as was thought to be the case some eighteen months ago. The Principal Dental Officer, Mr. J. S. MacLachlan has led his team well and Mr. J. D. Hooper, the Consultant Orthodontist, has advised and encouraged many of the staff so that the service is now functioning efficiently and effectively.

Child and family guidance under Dr. W. H. Whiles has had the help of two psychologists during the year - Mr. J. S. Aston working from County Hall and Mr. J. M. Foster working in Poole and the East of the County. The professional time of these psychologists is in great demand especially on educational problems and their availability for child guidance clinics is naturally limited. Consultations between the school medical officers and psychologists were held and the time consuming intelligence testing of individual children has been shared as far as possible. The special ascertainment clinic held by the consultant paediatrician, Dr. D. G. Vulliamy, and Dr. Mary Townsend of this department has also been of very great help as many of the pre-school children are now assessed and documented by them before school age is reached. Dr. Whiles is, however, still short of both psychologist and psychiatric social worker time in the clinics and although the establishment of psychiatric social workers is shortly to be increased from two to three, the situation will require annual review especially as further consultant psychiatric sessions are soon to be made available in this area by the Wessex Regional Hospital Board.

The provision of an adequate programme of health education for school children still remains a problem which is not likely to be solved until its effective organisation by a full-time health education officer is possible.

On page eighteen of the report there is a table showing the incidence of infectious disease during the last ten years. It is now obvious that measles is next on the list of infectious diseases which must be controlled as, besides causing distress to the sufferers and their families, it may leave serious complications in its wake and also result in a great loss of school time. The use of antibiotics controls some of these complications but the widespread use of such drugs has its own problems and it would be gratifying if this cause for their administration could be banished. Extensive trials carried out since 1964 have shown the effectiveness and safety of measles vaccination and it is hoped that it will not be long before a comprehensive immunisation scheme can be introduced in the county.

The clerical staff in the school health section have worked intelligently and well throughout the year and have played an important part in the smooth running of the school health service, the immunisation service and on the administration of the medical aspect of the superannuation scheme. Much thought was given by individual members of the section to the amalgamation of the child welfare services with the school health service which was taking effect early in 1967 and it is confidently forecast that the next annual report will show an all-round improvement in the medical services for the pre-school and the school child. My thanks are due to all of them and to Dr. G.F. Willson who has personally run the service over a difficult year and has compiled this report assisted by Mr. Clarke, senior administrative officer.

County Hall,
Dorchester.

A.F. TURNER
Principal School Medical Officer

3rd August, 1967

SCHOOL HEALTH SERVICE ESTABLISHMENT
(At 31st December, 1966)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER
A. F. Turner, M.B., B.Ch., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER
G. F. Willson, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS
K. J. Adams, M.R.C.S., L.R.C.P., D.P.H.
June M. Brown, M.B., Ch.B.
W. E. Hadden, M.B., B.S., D.P.H., D.A., D.T.M. & H.
G. B. Hopkins, M.B., Ch.B., D.P.H.
J. G. Meadows, M.B., Ch.B., D.P.H.
N. F. Pearson, M.R.C.S., L.R.C.P., D.P.H.
Jill C. White, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

COUNTY NURSING OFFICER
Irene F. Ranklin, S.R.N., S.C.M., H.V.Cert.

SCHOOL NURSES (22)

SPEECH THERAPISTS
Nora M. O'Driscoll, L.C.S.T. (Senior)
Gwenyth E. Marston, L.C.S.T.
Charlotte A. C. Tone, L.C.S.T.

PRINCIPAL SCHOOL DENTAL OFFICER
J. S. MacLachlan, L.D.S., R.C.S.

DENTAL OFFICERS
N. P. Bronsdon, L.D.S., M.R.C.S., L.R.C.P.
N. J. Dyer, B.D.S., L.D.S., R.C.S.
D. G. Greenfield, L.D.S., R.C.S.
Edna G. Laylee, L.D.S. (part-time)
I. H. Maddick, L.D.S., R.C.S.
P. H. W. Maynard, L.D.S., R.C.S.
R. Scott Yates, L.D.S., R.C.S.
A. Simpson, L.D.S., R.F.P.S.
K. V. M. Taylor Milton, L.D.S., R.C.S.

DENTAL AUXILIARY
Janice C. Evans

DENTAL HYGIENIST
Carole C. Warner
Vacancies (2)

DENTAL SURGERY ASSISTANTS (10)

POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER
J. Hutton, M.D., D.P.H.

SCHOOL MEDICAL OFFICERS
Jennifer M. Lewis, M.B., B.S., D.P.H.
A. McCutchion, M.B., Ch.B., D.P.H.
Rosa Strunin, M.D. (Berlin)
H. C. Williamson, M.B., B.Ch., D.P.H.

BOROUGH NURSING OFFICER
Marion Davies, S.R.N, S.C.M., H.V.Cert.

SCHOOL NURSES (12)

BOROUGH DENTAL OFFICER
F. E. R. Williams, L.D.S

DENTAL OFFICERS
A. C. S. Barnard, L.D.S., R.C.S.
A. E. G. Gapper, L.D.S, R.C.S.
C. Green, L.D.S, R.C.S.

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST
Helen V. A. Barrett, L.C.S.T.

SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER
E. J. G. Wallace, M.B., Ch.B., D.P.H.

SCHOOL MEDICAL OFFICER
Pauline M. Seymour Cole, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.

SCHOOL NURSES (8)

SENIOR DENTAL OFFICER
R. H. J. Fairney, L.D.S., R.C.S.

DENTAL OFFICERS
J. M. Paterson, L.D.S., R.C.S.
Marguerite D. Mason, B.Dent.Sc. (part-time)

DENTAL SURGERY ASSISTANTS (4)

JOINT SERVICES

CHILD GUIDANCE
Consultant Psychiatrist
W. H. Whiles, M.R.C.S., L.R.C.P., D.P.M.
County Educational Psychologist
J. S. Aston, B.A., B.Sc., A.B.Ps.S.
Educational Psychologist
J. M. Foster, M.A., B.Ed.
Psychiatric Social Workers
Astrid D. Filliter
Joan G. Hardy (part-time)
Joy L. Shires (part-time)

ORTHODONTICS
Consultant Orthodontist
J. D. Hooper, L.D.S., D.Orth., R.C.S.
Senior Orthodontic Registrar
A. M. Cookson, L.D.S., B.D.S., D.Orth., F.D.S., R.C.S.
Dental Surgery Assistant (part-time) (1)

HEARING ASSESSMENTS
Mary Andress, B.Sc., N.C.T.D.Dip.

THE SCHOOL HEALTH SERVICE 1966

STAFF

The only staff changes during the year were the transfer of the speech therapist, Miss Tone, from Poole to a vacancy in the county area and the appointment of Miss Barrett to the resulting vacancy in Poole.

Changes amongst dental staff are described in the report of the Principal School Dental Officer.

POPULATION

The Registrar General's estimated population of Dorset was 333,000.

Average numbers on the school registers on 31st December, 1966:-

	Primary	Secondary Modern	Comprehensive	Grammar	Special	Totals 1966	Totals (1965)
County Districts	14,926	5,322	2,572	2,997	110	25,927	(25,353)
Poole Excepted Area	8,266	4,022	-	1,495	-	13,783	(13,141)
South Dorset Divisional Executive	5,019	2,139	-	1,083	-	8,241	(8,124)
Totals	28,211	11,483	2,572	5,575	110	47,951	(46,618)

Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	23	149	196
Secondary Modern	5	8	13	26
Comprehensive	-	-	4	4
Grammar	1	2	9	12
Special	-	-	1	1
Totals	30	33	176	239

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

The following table relates to the whole county including Poole Excepted Area and South Dorset Divisional Executive.

	1964	1965	1966
Routine examination of entrants	3,584	3,848	7,309
Routine examination at all other ages	6,453	7,608	5,878
Re-inspections	3,260	3,303	4,297
Special examinations	8,227	11,458	12,188
Totals	21,524	26,217	29,672

At the beginning of 1966 the arrangements for the medical examination of school children in the County Area were modified so that entrants are now examined in their first year at school instead of their second year as hitherto and the selective examination of children in the intermediate group is now based on the results of a questionnaire distributed to the parents of all children in their second year at the secondary school. As far as possible the entrants are examined in the second term after school entry. The largely unproductive examination of school leavers has been abandoned. These changes resulted in a two year intake of entrants having to be examined in one year as is evident from the figures shown in the table above. The increased amount of time spent by the school doctors dealing with the backlog of routine entrants' examinations interfered with the full development of the arrangements for selective examinations but subsequent years should demonstrate the advantages of this system. One of the objects is to allow more frequent contact between school doctors and head teachers and it is hoped that an informal termly visit to all schools will eventually be achieved so that medical problems concerning school children of any age can be discussed without undue delay.

In selecting children for special examination the school doctors rely on the questionnaires completed by parents, the past medical records and the observations of head teachers. The latter are in a position to provide valuable information concerning children who display signs of maladjustment or unexplained academic failure, who have a poor attendance record or who may appear to be in need of medical assessment for a wide variety of other reasons.

A fuller account of the reasons for introducing the fresh arrangements was given to the Education Special Services Sub-Committee in May, 1966. This account is reprinted as an appendix at the end of this present Report.

Former arrangements for routine medical examinations continued unchanged in Poole and South Dorset. In Poole, children are examined as soon as possible after entry to Infant School, after entry to Junior School, after entry to Senior School and during the term before leaving school. In South Dorset children are examined during their first year at Infants School, during their last year at Junior School and during their last year at Secondary School.

DEFECTS OF VISION

ROUTINE TESTING

In the County area school entrants are tested at the age of five by the school health visitors, children with vision of 6/9 in one or both eyes being re-examined at the time of the next inspection and children with vision of 6/12 or worse in one or both eyes being referred to the ophthalmic specialist. Re-examinations are subsequently carried out every two years. In

Poole these re-examinations are carried out every three years and in the South Dorset area they are done at the time of the routine intermediate and leavers medical examinations.

COLOUR VISION

Colour vision is tested by means of Ishihara charts at 11 to 14 years of age. A Giles-Archer lantern with which one can distinguish between the safe and dangerous varieties of colour blindness is available at County Hall for the more accurate testing of children who wish to take up a career requiring normal colour vision but who fail the Ishihara test.

PERSONAL HYGIENE

During the year 50,428 personal hygiene inspections were carried out by the school health visitors and 241 children were found to have lice or nits in the hair. These figures apply to the whole county and show no change in the incidence of infestation compared with the previous year, viz. 0.5%.

	No. of children inspected		No. found verminous		
	1965	1966	1965	1966	
County Area	16,577	12,893	121	87	(0.6%)
Poole	22,671	17,149	134	86	(0.5%)
South Dorset	24,435	20,386	84	68	(0.3%)
Whole County	63,683	50,428	339	241	(0.5%)

MINOR AILMENTS

The table below relates to the Poole and South Dorset areas only as such clinics have not been found necessary in the remainder of the county. The figures relate to children who have been referred as a matter of convenience for detailed examination of defects discovered at previous school medical inspections besides children who have sought advice concerning some recently acquired minor ailment.

Cases dealt with at minor ailment clinics:-

	1962	1963	1964	1965	1966
Poole	447	456	442	392	82
South Dorset	101	58	61	54	19
Totals	548	514	503	446	101

AUDIOLOGY SERVICE

PRE-SCHOOL CHILDREN

The early detection of deafness with, where necessary, the provision of hearing aids and the institution of special training is of paramount importance if residual hearing is to be trained and speech is to be developed to a sufficient degree to enable the child to benefit from ordinary educational methods. For this reason all children are tested routinely at about the age of seven months by the health visitors who all receive special training for this purpose. Infants who fail the initial test are referred to one of the standing clinics held by Miss M. Andress, further tests then being carried out with the assistance, when possible, of the appropriate health visitor.

SCHOOL CHILDREN

Miss Andress and her assistant visit all primary schools in the County and South Dorset areas once a year and carry out a sweep test with the pure tone audiometer on all children who will be six in that year. Children failing this test are referred to a standing clinic for a full audiometric test, parents being invited and provided with transport where this is necessary. If further investigation is indicated a report on the test with a copy of the audiogram are sent to the E.N.T. consultant after the agreement of the child's private medical practitioner has been obtained. During the year in the whole county, 26 children were provided with hearing aids.

Besides school entrants who have failed the routine test children are referred to the standing clinics from a variety of other services as is shown in the accompanying tables.

Our grateful thanks are once again extended to Mr. R. Whittaker and Mr. R. Salkeld, the consultant E.N.T. surgeons who have contributed much to the success of these services.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

SCREENING OF SCHOOL ENTRANTS

	South Dorset	County Area	Totals
No. of children given screening tests	777	4,084	4,861
No. of children failed screening tests	67	390	457
No. referred for treatment after investigation	19	82	101

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	67	390	457
Children referred by Health Visitors	13	64	77
Children referred by Medical Officers	73	101	174
Children referred by Speech Therapists	4	17	21
Children referred by Head Teachers	3	11	14
Children referred by Parents	3	11	14
Children referred by General Practitioners	1	6	7
Children referred by E.N.T. Specialists	31	18	49
Children referred by Paediatricians	-	13	13
Children referred from other sources	26	3	29
Totals	221	634	855

2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No significant loss recorded	140	307	447
Referred to E.N.T. Specialist	41	143	184
For Retest 1967	37	111	148
Other action	3	3	6
Totals	221	564	785*

* Seventy appointments not kept or declined.

3. Results of cases referred to E.N.T. Specialists

	South Dorset	County Area	Totals
No treatment advised	8	20	28
To be reviewed	10	11	21
Tonsils and adenoids to be removed	12	31	43
Tonsils to be removed	-	3	3
Adenoids to be removed	-	24	24
Other operative treatment advised	3	14	17
Other treatment advised	-	30	30
Reports still outstanding	8	10	18
	41	143	184

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS IN POOLE

In Poole, screening tests with the pure tone audiometer are carried out on all children in primary schools shortly after their admission and, in addition, the audiometrician completes a full audiogram on any other children suspected of deafness.

Number tested during 1966	No significant hearing loss	Still under observation	Referred to medical officer
2,139	1,667	233	239

Children failing the tests may be referred for further investigation or treatment by the medical officer to the minor ailment clinic, the family doctor, the hospital consultant or the Audiology Unit.

CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr. W. H. Whiles, Consultant Children's Psychiatrist:-

The work of the Child and Family Guidance Service is still based mainly in Poole and Dorchester where we have good diagnostic and treatment facilities. The Poole Clinic is in use by the members of the child guidance team almost full time and the Dorchester Clinic five sessions a week. A weekly session is held in Weymouth, a whole day a fortnight is done at Bridport and the alternate week clinics are held in Sherborne and Gillingham.

During the year 287 new cases have been seen at various clinics which is a slight increase on the previous year. The total number of children seen by the clinic team was 868. The number of children awaiting their first appointment with any member of the clinic team has gone up to 44 which is an increase on 17 from the end of the previous year. The total number awaiting their first psychiatric diagnostic appointment has also risen to 55. The actual waiting time for psychiatric interview and completion of diagnosis varies from centre to centre being 8 weeks in Poole, 6 weeks in Dorchester, Weymouth and Bridport, and 4 weeks in Sherborne and Gillingham. Children whose problems are really urgent are, of course, given appointments with one member of the clinic team so that it can then be assessed how urgently a psychiatric appointment is required.

One full-time and two half-time psychiatric workers divide their time between the various clinics. We are looking forward to the prospect of a third full-time psychiatric social worker being appointed during 1967 so that more case work can be done with parents of children who do not need intensive psychotherapy with the Psychiatrist. The second Educational Psychologist appointed last year has continued to work based on Poole and has also covered the East Dorset area. This has been a great help in keeping a close liaison between the clinic and the school. The Senior Psychologist who took up his appointment in January was faced with a severe backlog of work and this has meant that he has only been able to see a proportion of child guidance cases during the year, and this has slowed down full diagnostic assessment.

The main sources of referral are still general practitioners who, together with School Medical Officers, refer 60% of all cases. During the year 20 boys and girls on Remand have been seen for special reports to be done for the Juvenile Courts. After their preliminary investigation 25% of all children were found to need intensive psychotherapy which is a slight increase on last year. In addition 27% needed out-patient treatment of a supporting type.

The Day Remedial Centre for Maladjusted Children in Poole has moved during the year to more satisfactory premises in Hamworthy and is now known as "Greenways". 23 out of the 139 new cases seen in Poole were found to be in need of help which this type of Unit could provide in order to build up confidence and to help with personality development when more intensive psychotherapy was not needed. Five boys were admitted to Children's Psychiatric Hospital Units in the Region and one girl was admitted to a Paediatric bed. Two boys and one girl were admitted to Leigh House, the Regional Hospital Board Unit for the treatment of psychoneurotic disorders in adolescence. Penwithen Hostel has continued to be a most valuable part of our treatment facilities for emotionally disturbed children and enables full environmental, as well as individual treatment to take place. With the support of Hostel placement and the staff there, the children from Penwithen are able to go out to ordinary schools. Treatment at Penwithen often saves admission to Hospital Units or Residential Schools which would otherwise be essential. In some instances Boarding School or Hostel placements as maladjusted children outside Dorset have proved necessary. Three children were recommended for Hostels and two for Boarding Schools. These were all senior boys too old for Penwithen. As Penwithen

can take girls up to school leaving age, no residential placements outside the County area have been needed for them.

The Psychiatrist visits Penwithen Hostel regularly and the Psychiatric Social Workers keep in close touch with the Warden to help maintain liaison between the Hostel and the children's families. The whole team have a case conference with the Hostel staff once a month. All other children who are residentially placed as maladjusted pupils in other schools or hostels are seen by the Consultant Psychiatrist during holidays and the Psychiatric Social Workers keep in close touch with their families. Each term a conference is held between the Child Guidance team, School Medical Officer and the Education Department to discuss the future of these children and to decide when they are ready to leave their residential placement and to plan for their after-care. Most of the children admitted to the Gloucester Road Reception Centre are seen by the Consultant Psychiatrist and a monthly case conference is held with the Children's Department to discuss the future needs of these children.

CHILD GUIDANCE SERVICE - STATISTICS

Number of children seen during the year 1966	868
Children carried forward from 1965	581
New cases seen during 1966	287
Children awaiting investigation on 31.12.66	44
Total children awaiting first Psychiatric appointment on 31.12.66	55
Cases closed during 1966	254
Total number of cases under observation or treatment on 31.12.66	614

ANALYSIS OF NEW CASES INVESTIGATED DURING 1966

Sources of referral of new cases:

General Practitioners	105
School Medical Officers	57
Education Officer and Headteachers	53
Children's Officer	37
Probation Officer	9
Other Sources	26
	287

Problems for which children were referred:

Behaviour problems	124
Nervous symptoms	78
Educational Problems	19
Enuresis	8
Psychosomatic	20
Special Advice	38
	287

Age groups:

Pre-school	13
Infant school	48
Junior school	111
Secondary school (Modern)	88
Secondary school (Grammar)	22
Left school	5
	287

Recommendation made of new cases:

Still under investigation	19
Diagnosis and advice only	74
Superficial treatment	77
Intensive treatment advised	72
Residential treatment advised	14
Admitted to Hospital for treatment or investigation	8
Special Day school for Maladjusted Children - Poole	23
	287

ANALYSIS OF CASES CLOSED DURING 1966

Diagnosis and advice only needed	114
Transferred to other agencies	19
Removed from area	26
Satisfactory adjustment after Child Guidance treatment	54
Improved after Child Guidance treatment	33
Unco-operative or unimproved	8
	254

PSYCHIATRIC INTERVIEWS

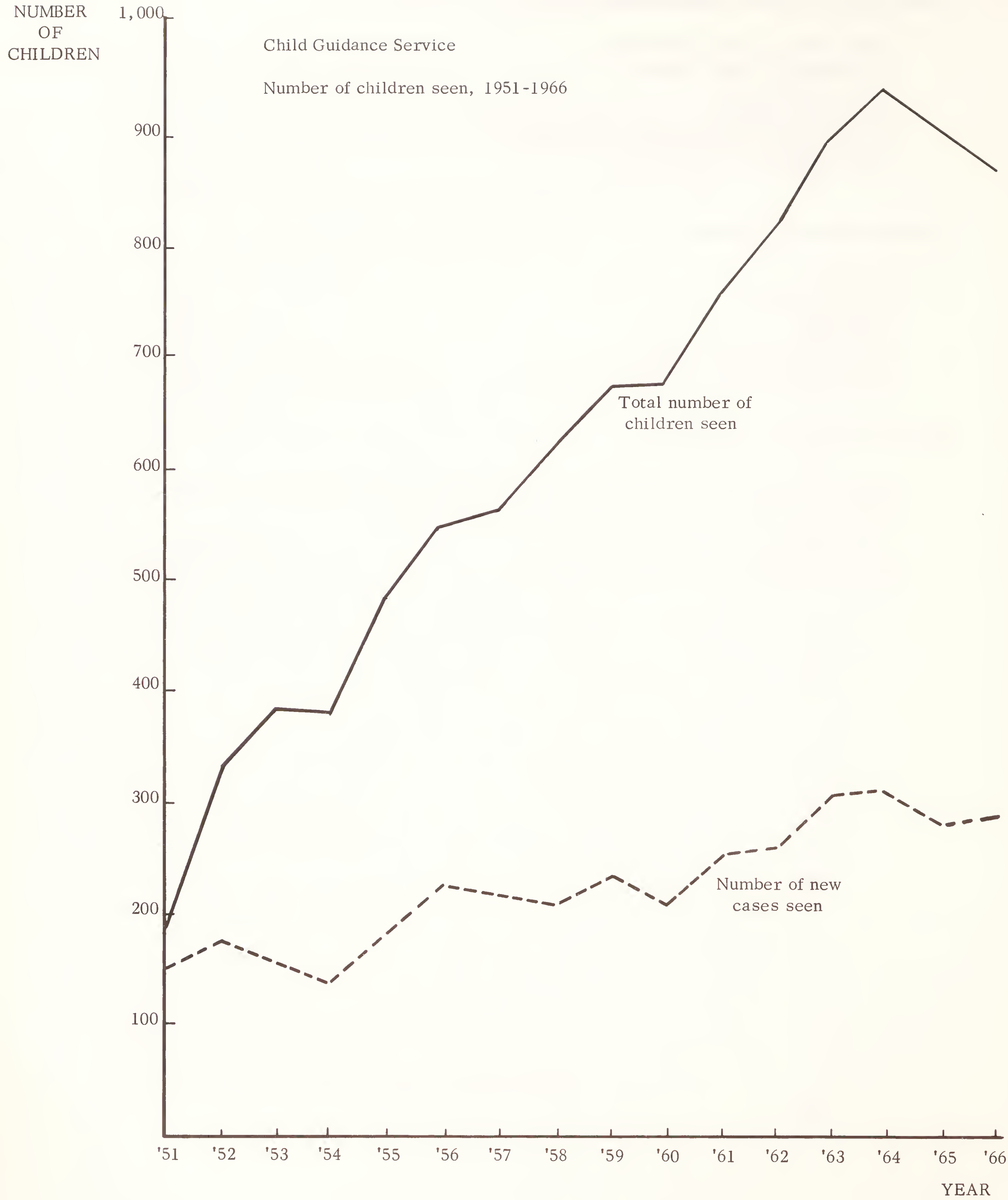
Diagnostic	254
Re-examination	288
Treatment	942
Total interviews with children	1,484
Total interviews with parents and others	390
Total interviews by Psychiatrist	1,874

PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	428
Number of clinic interviews with parents by Psychiatric Social Workers	1,176
Number of interviews with other officials	197
Visits to schools	32

Child Guidance Service

Number of children seen, 1951-1966



SPEECH THERAPY

The Senior Speech Therapist, Miss N. O'Driscoll, has provided the following report:-

During 1966 a fourth speech therapist was appointed and some expansion of the service became possible. A number of sessions was increased and it became possible to produce a closer correlation between the number of school children and the number of speech therapy sessions in the different parts of the county. The new arrangements are as follows:-

Dorchester has three sessions; Weymouth and Portland have five sessions; Wimborne has four sessions, including one for the special school; Beaminster, Bridport, Sherborne and Swanage have two sessions each. There is one session each for Sturminster Newton, Gillingham, Blandford, Shaftesbury, Wareham, Bovington and Lyme Regis. Poole has a full-time speech therapist and therefore gets ten sessions.

The reorganisation began in June and was complete by the end of September. The rather long waiting lists which still remain at Sherborne and Wimborne are a result of the inadequate service provided in these areas in the past but it is expected that these will now gradually be reduced.

The new accommodation at the Ferndown Clinic has been a great help, and as there is quite a large population in this district two of the sessions allotted to the Wimborne area are worked here.

The ambulance service and hospital car service continued to provide transport to the clinics for those children living in areas where the public transport services are inadequate.

The number of cases dealt with during the year were as follows (corresponding figures for the previous year are given in brackets):-

Cases treated	Discharged	under treatment	Cases tested	In need of treatment	Not in need	School Visits	House Visits
456	181	275	160	127	33	34	14
(505)	(212)	(208)	(85)	(50)	(35)	(13)	(12)

NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. Eighteen units are held for use in Poole and thirty-four for use in the rest of the county. Cases are referred from both private medical practitioners and the school medical officers, a total of 154 being treated during the year compared with 158 in 1965, and 115 in 1964. The majority of cases are aged 7 or 8, experience showing that younger children are often not able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease which may be after as short a period as three weeks but is more often after two or three months.

HANDICAPPED PUPILS

One of the main functions of the School Health Service is the assessment of handicapped pupils in accordance with Section 34 of the Education Act, 1944, to ensure that they receive the special educational treatment best suited to their needs. The statistics which follow relate to the whole county including Poole.

During 1966, 250 children were assessed as requiring special educational treatment and in addition, 13 children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children are the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (54 on the register at the end of the year) or at special classes attached to ordinary schools. Sixteen primary schools and sixteen secondary schools have special classes attached to them and during 1966 the average attendance at these classes was 538. In addition 45 educationally subnormal children were at residential schools, 36 of them being at Clyffe House School.

The educational arrangements for partially hearing children in Dorset are dictated by the low density of population and the absence of any large concentration of population outside Poole. Whereas the latter is able to support two day units for partially hearing children attached to ordinary schools, units attended from time to time by children from the adjoining county area, the rest of the county is served by qualified peripatetic teachers of the deaf. Two full-time and one part-time teacher of the deaf are engaged in this work. They use portable auditory equipment and are responsible both for training pre-school children and guiding their parents and the supervision and additional teaching of children with hearing loss who remain in ordinary schools. The number of Dorset children attending residential schools for the deaf in other counties is now very small indeed and whenever such placement is considered necessary every effort is made to postpone it until understanding and communication between parent and child have been established.

The following list classifies the children at residential schools or hostels at the end of 1966 in the categories specified in the Ministry's "Handicapped Pupils Regulations, 1959", and gives the numbers attending at each school.

BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Chorleywood College for the Blind, Rickmansworth, Chorleywood, Herts.	2
Condover Hall, Condover, Shrewsbury, Salop.	1
Royal School for the Blind, Westbury-on-Trym, Bristol.	1
Rushton Hall School, Kettering, Northants.	2
Royal Normal School for the Blind, Rowton Castle, Shrewsbury, Salop.	1
Ysgd Penybont School for Visually Handicapped Children, Bridgend, Glam.	1
Linden Lodge School, 61 Princes Way, London, S.W.19.	1
Royal School of Industry for the Blind, Exeter.	1

PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

West of England School for the Partially Sighted, Countess Weir, Exeter.	4
Royal School for the Blind, Westbury-on-Trym, Bristol.	1
Royal School of Industry for the Blind, Exeter.	1

DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Royal West of England School for the Deaf, Topsham Road, Exeter, Devon.	4
School for the Partially Deaf, Ovingdean Hall, Brighton, 7.	1

PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Mary Hare Grammar School for the Deaf, Arlington Manor, Newbury, Berks.	1
Royal West of England School for the Deaf, Topsham Road, Exeter.	1
School for Partially Deaf, Brighton.	1
Mill Hall Oral School, Cuckfield, Haywards Heath.	1

EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

St. Elizabeth's Home School, Much Hadham, Herts.	1
Lingfield Hospital School, Lingfield, Surrey.	3

EDUCATIONALLY SUBNORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

All Soul's Special School, Pield Heath House, Hillingdon.	1
Allerton Priory Special School, Liverpool.	1
Croydon Hall Special School, Roadwater, Bristol.	2
Withycombe House School, Withycombe Raleigh, Exmouth, Devon.	3
Kingsdon Manor School, Kingsdon, Bristol.	1
Westhaven School, Uphill, Weston-Super-Mare.	1
Lankhills School, Winchester.	2
Clyffe House School, Tincleton, Dorchester.	34

MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment.

Chaigeley School, Thelwall, Nr. Warrington.	1
St. Francis School for Boys, Hooke, Nr. Beaminster, Dorset.	1
The Marchant-Holliday School Ltd., North Cheriton, Templecombe, Somerset.	1
Penwithen Hostel, Winterborne Monkton, Near Dorchester.	22
Clyffe House School, Tincleton, Dorchester.	1
Sibford Ferris Friends School, Banbury, Oxford.	1
Gaveston Hall School, Nuthurst, Near Horsham, Sussex.	1
Southfields Hostel, Ilminster, Somerset.	1
Crichel Hostel, Totnes, Devon.	1
Sandon House School, Sandon, Chelmsford.	1

PHYSICALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Victoria Home and School, 12 Lindsay Road, Branksome Park, Poole.	8
Chailey Heritage Craft School and Hospital, Chailey, Sussex.	2
Dame Hannah Rogers School, Ivybridge, Devon.	1
Ingfield Manor School, Billingshurst, W. Sussex.	1
Burton Hill House School, Malmesbury, Wilts.	5
Halliwick Cripples' School, Bush Hill Road, Winchmore Hill, N.21.	2
Cheyne Hospital, Woodland Way, West Wickham, Kent.	1
Exhall Grange School, Exhall, Warwickshire.	1
Suntrap Open Air School, Sea Front, Hayling Island.	1
Florence Treloar School, Near Alton, Hants.	1
Whiteness Manor School, Kingsgate, Broadstairs, Kent.	1
Coney Hill School, Hayes, Kent.	1
St. Loyes College, Exeter.	1
Hinwick Hall School, Near Wellingborough, Bedfordshire.	1

SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require a special educational treatment.

Nil

DELICATE

Pupils not falling under any other category in the Regulations who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

St. Dominic's Open Air School, Mount Olivet, Hambledon, Surrey.	2
St. Catherine's Open Air School, Ventnor, Isle of Wight.	1

Pilgrims School, Seaford, Sussex.	1
St. Patrick's Open Air School, Sea Front, Hayling Island.	4
Suntrap Open Air School, Sea Front, Hayling Island.	1
Park Place School, Henley-on-Thames.	2

TUITION AT HOME OR IN HOSPITAL

During the year 25 children suffering from a variety of handicaps which prevented them from attending school received a total of 2,328 hours home tuition.

Tuition was also given to children in the following hospitals:-

	Number of children	Hours of tuition
Weymouth and District Hospital	202	446
Portland Hospital	1	$34\frac{1}{2}$
Dorset County Hospital	63	370

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1966, the last occasions when they occurred being 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows:-

	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Measles	2,663	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559
Scarlet Fever	113	147	227	140	55	53	61	57	106	29
Whooping Cough	870	262	161	110	238	38	111	156	79	64

IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH AND TETANUS OF CHILDREN UNDER SIXTEEN YEARS OF AGE

	County Area		Poole Area		South Dorset Area		Totals	
	P	R	P	R	P	R	P	R
Poliomyelitis - Oral	2,651	2,747	1,318	1,257	811	776	4,780	4,780
Poliomyelitis - Salk	54	53	46	25	11	3	111	81
Diphtheria	2,510	4,015	1,269	1,652	800	2,451	4,579	8,118
Whooping Cough	2,350	1,392	1,232	868	772	466	4,354	2,726
Tetanus	2,812	4,154	1,280	1,651	1,108	2,139	5,200	7,944

P = Primary Course R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1966	Pulmonary	5
	Non-Pulmonary	1
Number of children on tuberculosis register attending maintained schools at 31st December, 1966	Pulmonary	49
	Non-Pulmonary	7

Of the five new notifications of pulmonary tuberculosis in children of school age, three were from Poole, all children specially examined as being contacts of known adult cases, and the other two were school leavers whose lesions were detected as a result of routine pre-employment X-ray examinations.

PREVENTION OF TUBERCULOSIS

(a) X-Ray of Staff

There is a compulsory x-ray examination of all teachers taking up their first teaching appointment. In addition, all teachers who take up boarding posts in Dorset are x-rayed on appointment.

Fourteen domestic staff starting work in school boarding houses, Clyffe House School and Penwithen Hostel were also x-rayed with negative results.

During June a domestic worker at a junior school in the county area was found to have

active pulmonary tuberculosis. Arrangements were made to carry out Heaf tests on all children attending the school and all other members of the staff were x-rayed. Positive heaf reactors were all re-tested two months later. Excluding children who have previously been given B.C.G. vaccination, out of about 90 children tested only 6 had positive Heaf reactions (four grade one and two grade two reactions). No abnormalities were found on x-ray examination.

(b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those previously given B.C.G.	No. positive who had had previous B.C.G.
County Area	2,453	16 (0.6%)	88
Poole	1,409	14 (1.0%)	36
South Dorset	698	10 (1.4%)	33

(c) B.C.G. Vaccination

The arrangements for the B.C.G. vaccination of children in or near their thirteenth year continued as usual. The results of the Heaf test were read after seven days, four or more indurated papules being accepted as a positive result. The interpretation of mild reactions is notoriously difficult and is liable to considerable observer variation. Also it is not possible to distinguish between mild reactions due to the waning of previously strong specific sensitivity and those due to non-specific sensitivity. For these reasons the number of children showing second, third and fourth degree positive reactions to the Heaf test might be expected to provide a more stable indication of the amount of tuberculous disease in the community than if the children with mild or dubious reactions were included. Throughout the whole county the grading of the Heaf positive reactions are therefore now recorded in every case, the results being given below.

The statistics, which relate to the whole county including Poole, show that the acceptance rate for children offered vaccination was 88.3% compared with 82.1% the previous year. Of the children having the initial Heaf test, 12% were found to be positive reactors compared with 10% in 1965 and 8.9% in 1964. The positive reactors were all x-rayed but none were found to have any active lesion.

	1965	1966
Number of schools visited	71	61
Number of children eligible	5,693	4,188
Number of parental consents	4,675	3,699
Number of children tuberculin tested	4,375	3,410
Positive reactors	439 (10.0%)	410 (12.0%)
Negative reactors vaccinated	3,664	2,787
Absentees	324	289

The variation in incidence in the different administrative areas of the county of children recorded as being positive reactors to the Heaf test was as follows.

	Number of children tested		No. positive excluding those previously given B.C.G.	
	1965	1966	1965	1966
County Area	2,694	1,773	219 (8.1%)	92 (5.1%)
Poole	995	1,033	172 (17.3%)	266 (25.7%)
South Dorset	686	604	48 (7.0%)	52 (8.6%)

The grading of the Heaf positive reactions was as follows:

Grade of positive reaction	Number of children
First degree	329
Second degree	56
Third degree	19
Fourth degree	6
	410

The large discrepancy in the proportions of positive reactors between Poole and the rest of the county disappears if the grade one reactions are ignored. Thus when the whole county is considered, 2.4% children in their thirteenth year have positive Heaf reactions of grade two or over compared with 3.7% in Poole. These figures, which exclude all children giving non-specific reaction to the test material, probably give a more accurate picture of the amount of tuberculosis infection now prevalent.

SCHOOL MILK AND MEALS

SCHOOL MILK

At the 31st December, 1966, 71% of pupils attending maintained schools in the County were taking school milk whilst the percentage in respect of pupils at non-maintained schools was 93. The overall figure of 38,517 (74.29%) is slightly less than at the end of 1965 when 77% of pupils took school milk.

Six maintained schools and one non-maintained school have untreated milk, the remainder being supplied with pasteurised milk. All schools, with the exception of one in a rather remote part of the county, receive bottled milk. In the excepted case untreated milk is supplied in bulk by a local producer/retailer.

The County Health Department has maintained a close supervision of the milk supplied to schools and school kitchens and the following is a statistical summary of samples obtained during the year and submitted to laboratory examination.

Pasteurised				Untreated		
Methylene blue test		Phosphatase test		Methylene blue test		Total number of samples
Pass	Fail	Pass	Fail	Pass	Fail	
* 869	96	1,017	2	27	1	1,047

* 54 samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70°F on the days the samples were obtained.

Sampling of pasteurised milk supplied to the 43 schools in the Borough of Poole was undertaken by the Borough public health inspectors; 142 samples were obtained and all were satisfactory.

It will be seen that almost ten per-cent of the pasteurised milk samples failed the methylene blue test. This is a much higher number than in previous years and is a matter for concern. Investigations were made in respect of all unsatisfactory samples and it is believed that in many instances unsuitable storage arrangements at schools and the age of the samples were the cause for the milk failing this test. These matters have been taken up with the suppliers, and head teachers, of schools concerned and as a result it is hoped that future samples of school milk will comply with the test.

A few complaints of dirty bottles were received and investigated during the year and in one instance the supplier was successfully prosecuted by the District Council. Generally, however, the suppliers maintained a satisfactory standard in respect of the bottled milk delivered to the schools.

As a check on the cleanliness of school milk bottles 357 rinses of washed bottles were obtained at suppliers premises for laboratory examination and 29 failed to reach a satisfactory standard.

SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative county including the Borough of Poole.

Meals (day pupils only)

No. of schools or departments receiving meals at 1st January, 1966	243
No. of schools or departments NOT receiving meals at 1st January, 1966	1
No. of schools or departments receiving meals at 31st December, 1966	240*
No. of schools or departments NOT receiving meals at 31st December, 1966	1
No. of new kitchens opened in 1966	10
No. of new dining centres (not classroom dining) opened in 1966	1
No. of schools provided with new or improved washing-up facilities in 1966	3
No. of day pupils present 1966	44,452
No. of day pupils taking meals 1966	33,347
Percentage taking meals 1966	75.01

* Still closing small primary schools.

160 visits of inspection were made to school kitchens during the year in connection with the Food Hygiene Regulations, and in general a satisfactory standard has been maintained.

To check the efficiency of the washing-up processes at various kitchens, rinses and swabs of washed cutlery, crockery and other kitchen equipment were obtained and submitted for laboratory examination. 407 specimens were examined during the year and fifty-three failed to reach a satisfactory standard. In the case of the unsatisfactory items, advisory visits were made to the kitchens and generally, repeat specimens produced a satisfactory report.

Various food stuffs totalling 3 cwt. 34 lbs. were examined at school kitchens during the year and found to be unfit. In most cases replacements were made by the suppliers.

SCHOOL SWIMMING

Seven additional school swimming pools were completed and brought into use during the year so that at the 31st December, 1966, there were forty-five schools with swimming pools, including six in the Borough of Poole.

Four are training pools; four are of the portable type and the remainder are standard size learner pools. With the exception of the portable pools where chlorination of the water is carried out by hand dosage, water treatment is by filtration, recirculation and automatic chlorination.

One of the seven pools completed during the year was an indoor type with water and space heating units and it must be one of the finest of its kind in the South-West of England.

In the case of all school swimming pools the County Health Department is consulted at the planning stage in respect of water treatment plant. When the pools are completed and in use the department maintains a close supervision on the condition of the pool water and in this connection make frequent spot checks for the efficiency of chlorination. In addition, samples are taken for examination by the Public Health Laboratory and during the year 340 specimens were submitted, 294 of which produced a satisfactory report. In the case of the unsatisfactory samples, investigatory visits were made and repeat specimens were generally found to be satisfactory.

It is expected that a further seven schools will complete the building of swimming pools in time for the 1967 swimming season. Two small country schools are to have a portable pool.

WATER SUPPLIES

The County Health Department has maintained a close supervision of the water supply to nine educational establishments in the County not connected to a public main. During the year 185 samples were obtained and examined at the Public Health Laboratory, seventeen of which produced an unsatisfactory report. In each case a full investigation was made and further specimens were taken which generally proved to be satisfactory.

SCHOOL CAMPS

Visits of inspection were made during the camping season to the school camps at Carey and Blashenwell and in both cases a satisfactory standard of hygiene was being maintained.

SCHOOL HYGIENE

At the beginning of the year there were two County schools with chemical closets and two with pail closets. During the year a scheme of improved sanitation, including flushed lavatories, was completed at one of these schools. Two of the remaining schools are likely to be closed in the near future and it is possible that a scheme for waterborne sanitation will be considered in the case of the third school, though in the absence of main drainage in the village and the very limited site of the school the question of drainage will present a problem.

There are still a large number of schools in the county with outside lavatories and this is a matter of considerable concern. It is unfortunate that, on grounds of economy, work on schemes for the provision of indoor cloakrooms and lavatories has had to be curtailed. Nevertheless, improvement schemes were undertaken at six schools during the year and it is hoped that more schools will be provided with indoor sanitation during 1967.

HEALTH EDUCATION IN SCHOOLS

During 1966 a variety of talks on health subjects were given in schools, mostly by health visitors, dental officers, dental hygienists and school medical officers. Many of the talks were illustrated by films.

	Number of talks	Size of Audience
Dental Hygiene	486	17,000
Mothercraft	65	1,416
Smoking	14	2,000
Personal Hygiene	3	170
First Aid	1	19
Health Service	5	65
Total	574	20,670

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
J. S. MacLachlan, L.D.S., R.C.S.Eng.

1966 has been marked as a year in which, despite many staff changes, the total output of work in the County has increased, mainly due to a markedly improved standard of efficiency in the South Dorset Area.

STAFF

Resignations

Mrs. E. C. Linley, Dental Officer, Wimborne (1.8.66)
K. P. Robertson, Dental Officer, Swanage (30.8.66)

Transfers

Dr. N. P. Bronsdon from Senior Dental Officer, Weymouth to Dental Officer, Wimborne (1.8.66)

Promotions

D. G. Greenfield to Senior Dental Officer, North Dorset (1.4.66)
R. Fairney to Senior Dental Officer, South Dorset (1.8.66)

Appointments

R. S. Yates as Dental Officer, Dorchester Rural Area (1.8.66)
R. Paterson, Dental Officer, Weymouth (1.8.66)
A. Simpson, Dental Officer, Sherborne (1.9.66)

On 31st December, 1966 there were fourteen whole-time dental officers on the staff, an increase of one as compared with the position a year previously. The number of part-time officers had remained constant at three, giving a whole-time equivalent of 1.4 dental officers.

Although the Local Authority Dental Service in Dorset is extremely fortunate in being so fully staffed, it is a matter of some concern that it is an aging staff with an average age of forty-eight. It seems surprising that so few young graduates seek this type of work which is so rewarding and offers many advantages denied to those in general practice, especially in such a lovely county as Dorset. Much has been done so far to attract younger staff to the county in providing a career structure within the authority but much still remains to be done in providing modern equipment.

The staffing position is satisfactory in Poole and South Dorset where the available staff can cope with the demands made upon it. In the remainder of the county, however, despite extensive re-organisation of dental officer areas, there is an urgent need for additional staff in the Wareham and Bridport areas, where at present two dental officers are attempting to satisfy the dental needs of nearly eight thousand children.

DENTAL INSPECTIONS AND TREATMENT

The position with regard to routine visits to schools has greatly improved since 1964. This is shown below in Table A.

TABLE A

Approximate interval in months between routine visits to schools

	1st January, 1964	31st December, 1966
Blandford	12	12
Bridport	30	24
Dorchester Rural	18	14
Dorchester Urban	30	14
Gillingham	24	12
Shaftesbury	36	18
Sherborne	24	9
Swanage/Wareham	18	24
Wimborne	12	9
Weymouth	24-36	15
Portland	24-36	9

As might be expected from the increased turn round the inspection figures also present a more favourable picture and these are shown below in Table B.

TABLE B

Inspection figures over the past five years

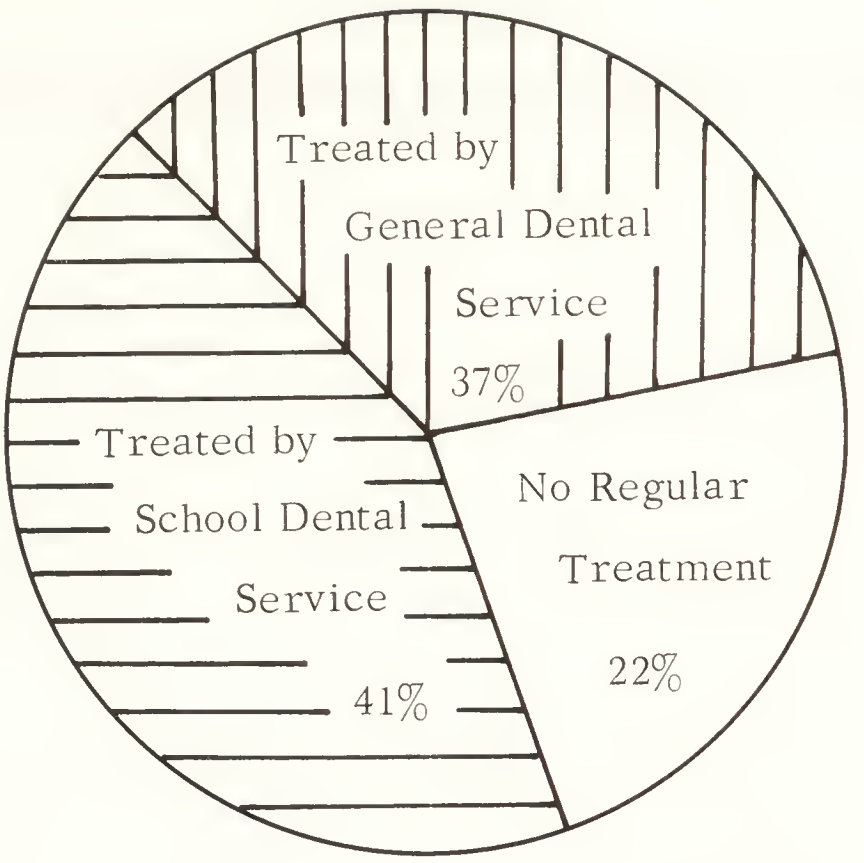
	1962	1963	1964	1965	1966
Percentage of school population inspected	78	74	80	76	85
Percentage of those inspected found to require treatment	58	57	61	62	60
Percentage of those offered treatment who were treated	63	64	67	66	67

The gratifying increase in the numbers inspected is due in part to the additional staff appointed during the year and in part to the fact that as a result of the more frequent visits, the amount of treatment required is reduced. The number of children accepting school treatment varies considerably from area to area, being higher in those areas where the same dental officer has been employed for some time, and being lower in those areas which are adequately staffed by members of the general dental service.

It is worthy of note that in South Dorset, one of the few areas where complete modernisation of the clinics has taken place, there has been a marked increase in the volume of work carried out, and the relationship between the dental staff and the schools is now extremely pleasant. All concerned are worthy of the highest praise.

This year, as in previous years, records have been kept of the numbers of children who, in the opinion of the dental officers, are receiving regular treatment from either branch of the National Dental Service. The results for 1966 are shown below in Figure 1 and the comparison with previous years is shown diagrammatically at Figure 2.

URBAN


Treated by
General Dental
Service
37%
Treated by
School Dental
Service
41%
No Regular
Treatment
22%

RURAL

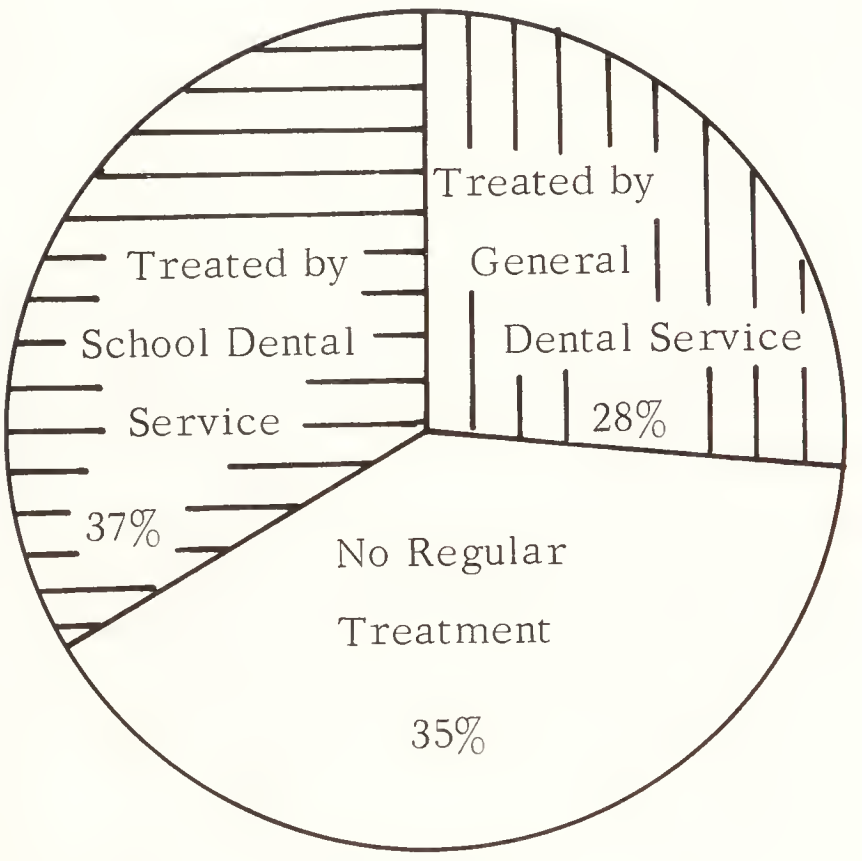
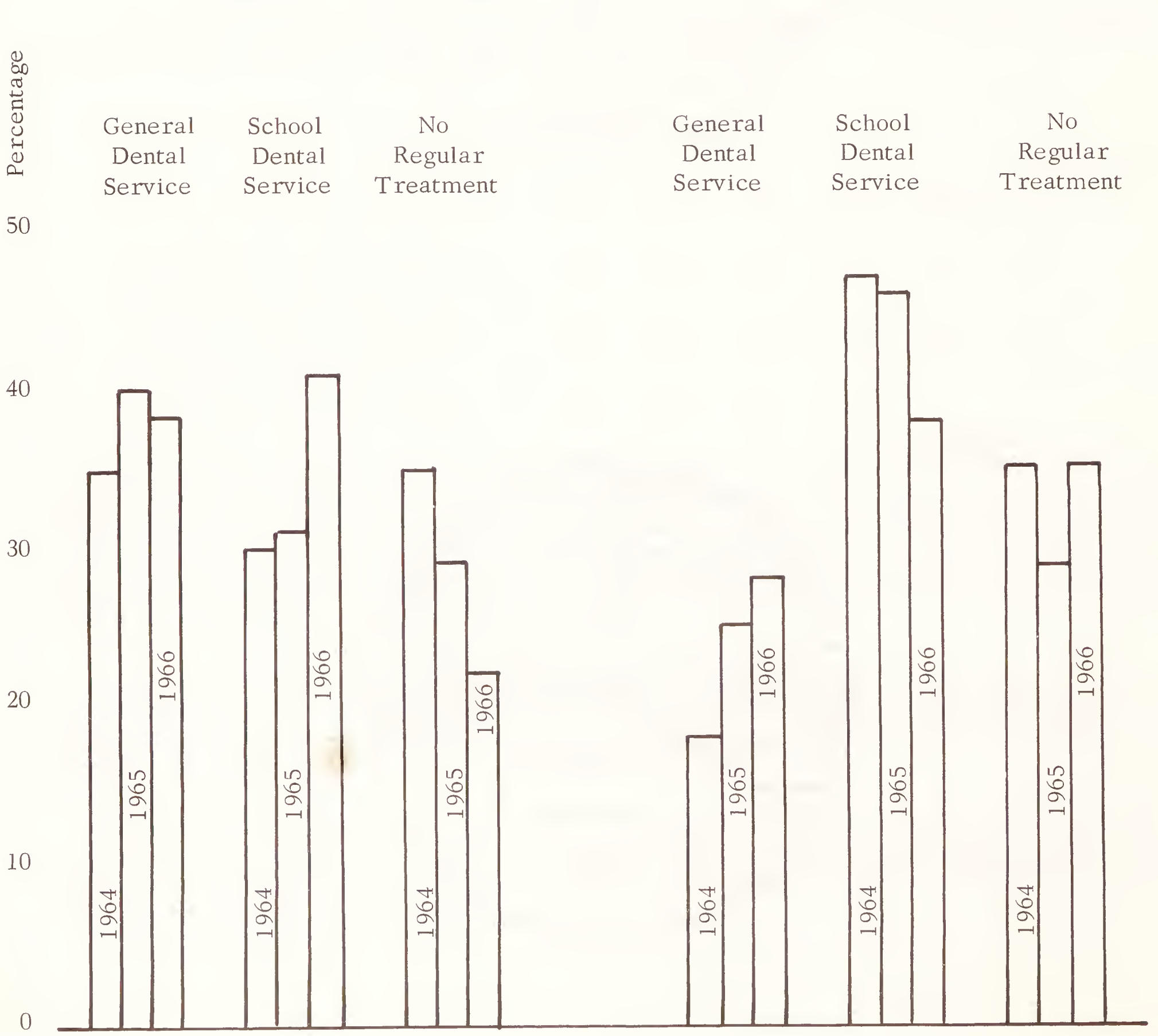

Treated by
General
Dental Service
28%
Treated by
School Dental
Service
37%
No Regular
Treatment
35%

FIGURE 2

Showing sources from which Dental Treatment was obtained



The fact that the figures for 1966 do not follow the pattern of the two previous years would appear to be directly attributable to the improved position in South Dorset and also that dental officers in the rural areas are spread exceedingly thinly over the ground. It is to be hoped that by the end of 1967 when the effect of the recent appointments in Sherborne and Dorchester are seen, the position in the rural areas will have improved.

Table C shows the average amount of work carried out by each dental officer per treatment session over the past five years.

TABLE C

Output per treatment session

	1962	1963	1964	1965	1966
Treatments per session	2.04	1.96	2.16	2.36	2.4
Attendances per session	5.5	5.43	5.85	6.1	5.9
Fillings per session	5.2	5.3	5.6	6.0	5.7
Extractions per session	1.9	1.7	1.7	1.6	1.7

The slight drop in the attendances and the number of fillings may be attributed to the reorganisation occasioned by staff changes.

ORTHODONTICS

Mr. Greenfield has been devoting a proportion of his time to the provision in North Dorset of orthodontic treatment for those children in the north of the county who are able to attend clinics at Blandford, Gillingham, Sherborne and Shaftesbury and who were unable or unwilling to travel to Bournemouth. As anticipated this arrangement has had the effect of reducing Mr. Hooper's waiting list which, in Dorchester, now stands at two months.

During the year 457 children received orthodontic treatment as compared with 340 in 1965. This work, providing as it does direct visual evidence of an improvement in the physical beauty of the patient is a very valuable form of advertisement of the dental service, and it is hoped that as more dental officers become interested in it, an increased amount will be done.

GENERAL

In 1964 a Special Sub-Committee set up to investigate the Local Authority Dental Service in Dorset recommended certain staff increases and modernisation of equipment. Its recommendations were accepted by the County Council and were phased to come into effect over a three-year period. Unfortunately, although the first phase has been completed, the present period of financial stringency is so seriously affecting the implementation of the latter two phases as to adversely affect the future development of the service. That, towards the end of the year the receipt of a Joint Circular from the Ministry of Health and the Department of Education and Science urging the expansion of the Dental Service, coincided with the news of the cut in public expenditure, underlines the irony of a situation in which Central Government appears to speak with two different voices.

As some of the dental equipment in the County is so aged that it is in imminent danger of breakdown, it is to be hoped that the financial situation will have eased sufficiently to allow the completion of the modernisation programme, advocated as a matter of urgency in 1964, to take place in 1968.

Thanks to the co-operation of the Hospital Management Committee at Salisbury, dental officers have again been able to attend the Consultant Oral Surgeon's operating sessions at Odstock. Having availed myself of this privilege I can whole-heartedly endorse my previous opinion of the value of these visits, both as a means of improving the liaison between the hospital and local authority services as well as increasing the knowledge of our staff.

Mr. Dyer is now attending Mr. Hooper's Orthodontic Clinic at Dorchester so that he can increase his knowledge of this subject and provide a better service to children in the West of the county, many of whom by reason of the distance involved and the indifferent public transport facilities may have been deterred from seeking it in Dorchester.

I am extremely grateful to Mr. Hooper for his co-operation in organising these refresher courses for members of my staff and for being such an extremely helpful colleague.

DENTAL HEALTH EDUCATION

Between the wars, when malnutrition among children was a problem, it was necessary for children to take a "bite" to school: nowadays when a benevolent state provides free milk and a subsidised midday meal this habit still persists and many children, as a matter of course, supplement their diet with frequent "bites" of sweet and sticky energy giving foods, with the result that their problems are obesity and dental decay.

Dental health education in Dorset is largely aimed at the primary school child so that the principles of good eating habits and mouth cleanliness may be absorbed during a formative period of the child's life, and, it is hoped, taught by them to their children. To this end four simple rules are taught:

1. Eat nourishing meals and nothing sweet or sticky in between.
2. Finish meals with raw fruit and vegetables or rinse the mouth with water.
3. Brush the teeth and gums after breakfast and last thing at night.
4. Have regular dental inspections.

Miss Evans and Miss Warner are attempting to visit each primary school in the county and South Dorset areas every six months and, throughout the year, devoted 336 sessions to the visiting of 322 schools. In Poole, dental officers devoted 72 sessions to the instruction of some 2,000 children. In all 486 talks to nearly 17,000 children were given. In addition, attention has been given to the display of dental health education material in schools and in clinic waiting rooms. During the latter part of the year much interest has been shown by all those visiting the Dental Clinic in Dorchester in an exhibition of animal and human skulls designed to show the advantages of eating a balanced diet free from sweet and sticky foods. My thanks are due to the Dorset County Museum for arranging this exhibit.

This work is proving valuable both directly in keeping the message in the forefront of the children's minds and indirectly in improving the liaison between the dental department and the schools. My thanks are due to the head teachers in Dorset who are so ably supporting us in our efforts.

1966 has been marked as a year in which there has been a slight increase in staff and a relatively greater increase in productivity. It may be summarised as follows:

Dental Officers	+ 9%
Number of children inspected	+ 14%
Number of children treated	+ 6%
Number of permanent teeth filled	+ 11%
Number of deciduous teeth filled	+ 21%
Orthodontic treatment	+ 34%
Dental Health Education, Talks	+ 270%
Children instructed	+ 180%

My thanks are due to all members of the dental staff who have made this improvement possible.

SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK
(as at 31.12.66)

The Clinic, Hogshill Street, Beaminster.	2 Speech
County Clinic, Salisbury Street, Blandford.	1 Hearing Assessment (per month) 2 Dental 1 Speech
Bovington Modern School, Bovington.	1 Speech
Health Centre, North Allington, Bridport.	1 Hearing Assessment (per month) 2 Dental 2 Speech 2 Child Guidance (per fortnight)
Health Centre, Glyde Path Road, Dorchester.	2 Hearing Assessment (per month) 17 Dental 3 Speech 5 Child Guidance (2 Psychiatrist)
County Clinic, Victoria Road, Ferndown.	3 Speech 2 Dental
County Clinic, St. Martin's, Gillingham.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per month)
The Clinic, Lanark Close, Hamworthy.	1 Minor Ailments 4 Dental 1 Speech
St. Francis School, Hooke.	1 Child Guidance (per fortnight)
Junior C.E. School, Lyme Regis.	1 Speech
Branksome Clinic, Layton Road, Parkstone.	1 Minor Ailments (per fortnight) 20 Dental 2 Speech
Sylvan School, Livingstone Road, Parkstone.	1 Minor Ailments
Trinidad School, Herbert Avenue, Parkstone.	1 Minor Ailments
Central Clinic, Park Road, Poole.	1 Hearing Assessment 12 Dental 7 Speech 2 Physiotherapy 9 Child Guidance ($3\frac{1}{2}$ Psychiatrist)
Oakdale Clinic, 337 Wimborne Road, Poole.	1 Minor Ailments (per fortnight) 1 Enuresis (per fortnight)
County Clinic, Fortuneswell, Portland.	1 Minor Ailments 6 Dental 1 Speech
County Clinic, Secondary Modern School, Shaftesbury.	1 Hearing Assessment (per month) 1 Speech 4 Dental
County Clinic, Horsecastles, Sherborne.	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per fortnight)
St. Aldhelms School, Sherborne.	1 Speech
County Clinic, Green Close, Sturminster Newton.	1 Hearing Assessment (per month) 1 Speech
Health Centre, High Street, Swanage.	1 Hearing Assessment (per month) 2 Dental 2 Speech
The Parish Hall, Wareham.	1 Hearing Assessment (per month)
County Modern School, Wareham.	1 Speech
Health Centre, Westham Road, Weymouth.	5 Minor Ailments 20 Dental 3 Speech
The Clinic, Wyke Regis, Weymouth.	1 Speech 1 Child Guidance

The Civic Centre, Wimborne.	1 Hearing Assessment (per month)	Wimborne Day Special School, Wimborne.	1 Speech

THE MEDICAL EXAMINATION OF SCHOOL CHILDREN

(Based on a report made to the Education Special Services Sub-Committee)

During recent years the organisation of the school health service has undergone a number of changes in order to make it more appropriate for present conditions which are vastly different from those prevailing when the service was conceived. For the proper understanding of these changes it is necessary to consider both the statutory requirements of the service and the changing incidence of disease since the early years of the century.

STATUTORY REQUIREMENTS

The school medical service began operation in June 1908 with the compulsory inspection of entrants and leavers. Responsibility for treatment of defects found was placed upon the parent but on re-inspection it was frequently found that treatment was not obtained. The situation was so unsatisfactory that in 1912 the Board of Education began to make grants to aid the expenditure of local authorities who provided various forms of medical treatment themselves. This included the provision of spectacles and the establishment of dental clinics. (Some authorities contented themselves with making a donation to the local hospital.) Permissive at first, this was made a duty in the Education Acts of 1918 and 1921. These acts also laid down that the examination of entrants and leavers should be supplemented by an intermediate examination for children aged 8 to 9.

The Education Act 1944 again specified that there should be not less than three examinations of a child during his school life. Permission to experiment with less than three routine medical inspections was first given by the Minister in the School Health Regulations, 1953. In his 1957 report, the Chief Medical Officer stated that very few authorities had taken advantage of this freedom and he pointed out that his predecessor as long ago as 1935 had strongly criticised routine inspections and had recommended a reconsideration of the scheme. He went on to say, "The value of routine medical examination in the early days of the school medical service has never been seriously disputed. Now that the health of the children has so much improved, and that facilities for the treatment of defects are readily available within the national health service, the periodic medical examination system may need modification so that more time can be given to the study and treatment of the difficulties and disabilities of individual children. In this field there is great scope for experiment."

The School Health Service Regulations of 1959 do not now impose any requirements as to the manner in which these examinations are to be conducted. The Circular accompanying the Regulations stated, "Where it is possible for the school doctor to visit schools regularly it may be found preferable for him to see on each occasion such children as are brought to his attention by parents, teachers, or the school nurse, instead of seeing all the children of a particular age group at infrequent intervals. The Minister hopes that this practice will continue to be developed as likely to increase the efficiency of the preventative work of the School Health Service."

In his report for 1963, the Chief Medical Officer states that school doctors "should not undertake, and perhaps duplicate, work which should be done under the national health service nor should they be engaged on tasks that could be done by less qualified persons. It is certainly open to question if they should be engaged in examining large numbers of fit and healthy children in the middle and later years of school life."

THE CHANGING PATTERN OF DISEASE

In the early years of the service, of every 1,000 children examined 140 were verminous,

130 undernourished, 100 had defective footwear, 50 had inadequate clothing, 40 (at a conservate estimate) had rickets and 30 had heart disease. In 1908, 4,421 children aged 5 to 15 died from tuberculosis compared with 11 in 1960. In 1907, 1,255 children died of rickets; in 1963 there were none.

In 1922, of children absent from school for three months or longer 23.5% were suffering from rheumatic diseases, nearly 20% from tuberculosis, 7.3% from anaemia and 6.9% from ringworm. Absence because of these conditions is now negligible.

The common childhood infections brought with them complications which might lead to chronic ill-health or to death.

	Number of deaths	
	1922	1962
Diphtheria	4,075	2
Measles	5,709	39
Scarlet Fever	1,382	2
Whooping Cough	6,370	24

The thousands of children formerly crippled by osteomyelitis, tuberculosis of bones and joints and by rickets have disappeared. Impetigo and ringworm are now curiosities and scabies is no longer a problem. The open air schools built for the reception of delicate children have closed or changed their function because they are no longer required.

Increased knowledge of nutrition, the distribution of cod liver oil at child welfare centres, school milk, school meals and the general rise in nutritional standards through improved economic conditions have vastly improved the physique and general condition of school children in the past fifty years. Age for age children are now taller and heavier than the last two generations. Physical maturity comes earlier and growth is now often completed by the mid-teens instead of continuing until the early twenties. Anaemia and rickets have disappeared as a direct result of better nutrition; non-pulmonary tuberculosis with the crippling conditions which often accompanied it has disappeared as the pasteurisation of milk has become general. Clean, well-clothed children now attend schools in areas where, two or three generations ago, many were barefoot and in rags.

THE PRE-SCHOOL CHILD

The provisions of the school health service cannot be considered in isolation from those available for the pre-school child. At County Hall a handicapped children's register is kept in which are recorded the names of any infants suffering from physical or mental defect. The initial notification may be made by the midwife, health visitor, family doctor, hospital consultant or local authority clinic doctor. Health visitors carry out routine screening tests on all infants to detect phenylketonuria and defective hearing. The children on the register are supervised at appropriate intervals and a decision regarding their suitability to commence attendance at ordinary school is made before they reach compulsory school age. This ascertainment of physically or mentally handicapped children and the recommendation for their appropriate placement in ordinary school, day special school, residential special school, hospital unit or training centre is one of the most important duties of the school medical officers and although it may take place any time after the age of two it is usually postponed until the age of school entry or sometimes until after a trial period in an ordinary school.

It can be appreciated that a considerable amount of information concerning handicapped

children is available by the age of five and may include copies of reports from the paediatrician, E.N.T. and other consultants, the child psychiatrist and staff of the child guidance clinic, educational psychologists, audiometrician, teachers of the deaf, school medical officers, health visitors and family doctors.

THE MEDICAL SUPERVISION OF THE SCHOOL CHILD

Screening tests carried out on all children supplement routine and selective medical examinations. Vision tests on entry are repeated every two years throughout school life. The colour vision of all boys is tested on the Ishihara charts by about the age of thirteen. Those who fail and who are anxious to follow a career demanding normal colour vision are referred to County Hall for more accurate assessment on the Giles-Archer lantern.

The audiometrician tests the hearing of all entrants with the pure tone audiometer and also that of any other children suspected of having hearing defects.

The Heaf skin test to detect previous exposure to tuberculosis is also performed on school entrants and is repeated in or about the thirteenth year. Negative reactors to the second test are offered B.C.G. vaccination and positive reactors and their home contacts are x-rayed.

THE EXAMINATION OF ENTRANTS

The value of a full medical examination on a child's entry to school remains undisputed and the best time for conducting it is probably during the second or third term. This allows time for the child to settle down in his new environment and for the class teacher to assess his behaviour and progress. For several years this examination was, in the County Area, conducted between the ages of 6 and 7, but since January 1966, it has been brought forward to the first year after entry. There may have been no occasion for the medical examination of the child since early infancy so that defects unknown or unappreciated by the parents may be detected and appropriate arrangements made for treatment or observation. Observation by the school medical officer may be as frequent or for as long a period as he considers desirable.

The national figures show that about 14% of entrants are found with defects, excluding dental defects, which require treatment. Between 1 in 5 and 1 in 2 are not being treated although family doctor and specialist services are freely available. Visual defects including squint, defective hearing, discharging ears, emotional and behaviour problems are those most commonly found.

Mothers are almost always present at the examination of entrants so that this provides an opportunity to obtain details of the medical history of the child, to discuss the work of the school health service and to make sure it is understood that the school doctor works with and not independently of the family doctor. The immunological requirements of the child are also usually discussed with the mother at this interview.

In Dorset the same medical record card is used by both health visitors and school doctors. When the child reaches the age for school entry the card is transferred to the school health section so that the observations of the health visitor with her account of the child's medical history for its first five years are available to the school doctor.

At his examination the latter is concerned with the general physical condition of the child, defects of vision and hearing (these have been assessed previously by health visitor and audiometrician respectively), teeth, skin, nose and throat, lymphatic glands, heart and lungs. A scrutiny is made for possible developmental anomalies such as hernia or undescended testicles

and also for faulty posture of feet, lower limbs or spinal column. Special attention is, of course, paid to particular systems of the body according to the medical history. A detailed examination of the nervous system or abdomen is not usually made unless specially indicated, particularly as the examinations have, almost invariably, to be conducted under poor conditions without the use of an examination couch.

THE INTERMEDIATE EXAMINATION

The routine intermediate examination has now been replaced by selective examinations. Parents of children in their second year at the secondary school are sent a brief questionnaire in which they are asked certain details of the medical history of the child and also whether they would like him seen by the school doctor. Head teachers are also asked whether there are any children in this or any other age group whom they would like to recommend for examination on account of behaviour problems, frequent school absence, poor physical or mental development, unwarranted fatigue or for any other reason. The school doctor then examines the medical records, completed questionnaires and head teacher's comments and decides which children to invite for examination. Some of the children will, of course, have already been subjected to regular periodic review, perhaps for years, because of some chronic disability. Others will be seen because there is evidence which suggests that there is a more recently acquired disorder which merits assessment. The school doctor examining the records will note which children have defects which may interfere with subsequent employment so that the Youth Employment Officer can be informed. Disabilities which develop between this examination and the time of leaving school are notified separately to the Youth Employment Officer at a later date.

The complete success of this scheme depends a good deal on the building up of a close relationship between the school doctor and head teacher so that discussion between them (and with the class teacher) can help them to decide which children deviate from the normal sufficiently for investigation to be desirable. The ultimate aim is for the doctors to visit their schools at least once a term so that there is an opportunity to tackle urgent problems as they arise rather than their having to be left until the time of the annual visit for medical inspection.

THE EXAMINATION OF LEAVERS

Excluding entrants, over a million children in England and Wales are given a periodic medical examination every year with very little practical result.

In our own department an examination was made of the records of 1,327 school leavers, selected at random, who were seen during the years 1962, 1963, 1964 and 1965. Of this number only five had defects causing them to be referred to their family doctors. Two of these were congenital defects present at the time when the children were examined as entrants and the other three were things of minor importance. The effort involved in securing this meagre return was considerable and can be represented by the work done by one doctor working morning and afternoon sessions full-time every day for over six weeks, in addition to corresponding health visitors' time, clerical time spent in preparing and sending out the records, and the interference with the normal school time-table. For these reasons the routine examination of school leavers has now been abandoned.

(It should be noted that the arrangements for medical inspection described above are those prevailing in the County Area. In Poole and the South Dorset Area periodic routine medical inspections are, for the present, being continued.)

YEAR ENDED - 31st DECEMBER, 1966

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

P = Poole Area S.D. = South Dorset Area C = Remainder of County

Age Groups inspected (By year of birth)	No. of pupils who received a full medical examination				Physical condition of pupils inspected								No. of pupils found not to warrant a medical examination				Pupils found to require treatment (excluding dental diseases and infestation with vermin)											
					Satisfactory				Unsatisfactory								for defective vision (excluding squint)				for any other condition				Total individual pupils			
(1)	(2)				(3)				(4)				(5)				(6)				(7)				(8)			
	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals
1962 and later	-	1	2	3	-	1	2	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1
1961	866	512	877	2,255	864	498	875	2,237	2	14	2	18	-	-	-	-	26	16	27	69	176	88	92	356	155	94	104	353
1960	780	305	1,936	3,021	777	296	1,929	3,002	3	9	7	19	-	-	-	-	30	9	85	124	169	57	295	521	166	53	324	543
1959	333	26	1,671	2,030	333	26	1,667	2,026	-	-	4	4	-	-	-	-	23	2	84	109	53	5	281	339	63	6	305	374
1958	627	19	381	1,027	627	19	381	1,027	-	-	-	-	-	-	-	-	51	2	32	85	152	4	48	204	175	6	69	250
1957	393	19	97	509	389	18	97	504	4	1	-	5	-	-	-	-	29	1	9	39	129	3	17	149	129	3	18	150
1956	116	523	87	726	115	515	87	717	1	8	-	9	-	-	-	-	16	60	4	80	52	81	14	147	48	123	18	189
1955	356	185	38	579	355	183	38	576	1	2	-	3	-	-	-	-	46	26	7	79	78	20	6	104	88	42	7	137
1954	507	26	17	550	506	26	17	549	1	-	-	1	-	-	-	-	58	2	4	64	112	3	7	122	130	5	7	142
1953	261	23	254	538	261	23	253	537	-	-	1	1	-	-	1,023	1,023	32	4	32	68	74	2	75	151	80	6	88	174
1952	196	242	122	560	196	241	119	556	-	1	3	4	-	-	-	-	36	41	10	87	66	28	43	137	82	63	46	191
1951 and earlier	967	410	12	1,389	963	409	12	1,384	4	1	-	5	-	-	-	-	176	83	3	262	204	39	4	247	312	109	5	426
Totals	5,402	2,291	5,494	13,187	5,386	2,255	5,477	13,118	16	36	17	69	-	-	1,023	1,023	523	246	297	1,066	1,265	331	882	2,478	1,428	511	991	2,930

Col. (3) as a percentage of Col. (2)

P	S.D.	C	Total
99.7	98.4	99.7	99.4

Col. (4) as a percentage of Col. (2)

P	S.D.	C	Total
0.29	1.13	0.3	0.52

TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	474	889	10,825	12,188
Number of Re-inspections	1,393	479	2,425	4,297
Totals	1,867	1,368	13,250	16,485

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual examinations of pupils by school nurses or other authorised persons	17,149	20,386	12,893	50,428
Total number of individual pupils found to be infected	86	68	87	241
Number of pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-	-	-	-
Number of pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-	-	-	-

PART II - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

T = TREATMENT O = OBSERVATION

DEFECT OR DISEASE		PERIODIC INSPECTIONS																SPECIAL INSPECTIONS			
		ENTRANTS				LEAVERS				OTHERS				TOTALS							
		P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals
Skin	T	27	8	32	67	44	16	-	60	67	7	10	84	138	31	42	211	12	3	2	17
	O	22	17	29	68	41	3	-	44	44	4	5	53	107	24	34	165	-	-	1	1
Eyes - (a) Vision	T	56	29	189	274	212	122	-	334	255	95	97	447	523	246	286	1,055	7	61	22	90
	O	93	123	405	621	64	22	-	86	205	33	104	342	362	178	509	1,049	1	10	30	41
(b) Squint	T	38	18	76	132	20	11	-	31	49	16	15	80	107	45	91	243	-	2	1	3
	O	14	9	47	70	5	2	-	7	18	6	6	30	37	17	53	107	-	-	2	2
(c) Other	T	5	3	6	14	7	-	-	7	15	2	5	22	27	5	11	43	2	2	-	4
	O	9	3	96	108	5	2	-	7	17	4	4	25	31	9	100	140	-	-	1	1
Ears - (a) Hearing	T	14	23	28	65	6	6	-	12	17	27	12	56	37	56	40	133	7	1	4	12
	O	56	25	247	328	10	2	-	12	47	9	26	82	113	36	273	422	3	-	23	26
(b) Otitis Media	T	4	5	11	20	1	2	-	3	5	1	1	7	10	8	12	30	-	-	-	-
	O	22	25	31	78	6	1	-	7	18	6	4	28	46	32	35	113	-	-	-	-
(c) Other	T	12	2	2	16	4	-	-	4	4	3	1	8	20	5	3	28	11	1	-	12
	O	14	-	6	20	13	1	-	14	23	10	1	34	50	11	7	68	-	-	-	-
Nose and Throat	T	63	33	101	197	16	7	-	23	51	16	10	77	130	56	111	297	5	17	5	27
	O	210	132	167	509	26	8	-	34	191	31	22	244	427	171	189	787	2	3	6	11
Speech	T	11	15	53	79	2	1	-	3	18	2	12	32	31	18	65	114	1	-	11	12
	O	44	30	112	186	9	-	-	9	54	3	23	80	107	33	135	275	-	-	9	9
Lymphatic Glands	T	1	-	6	7	4	-	-	4	1	-	-	1	6	-	6	12	-	-	-	-
	O	33	43	18	94	9	-	-	9	43	8	-	51	85	51	18	154	-	1	2	3
Heart	T	-	2	11	13	7	-	-	7	1	1	6	8	8	3	17	28	-	-	1	1
	O	15	9	50	74	8	2	-	10	19	4	12	35	42	15	62	119	-	-	2	2
Lungs	T	20	10	39	69	12	2	-	14	24	4	13	41	56	16	52	124	5	-	3	8
	O	33	33	63	129	14	2	-	16	59	17	20	96	106	52	83	241	1	-	3	4
Developmental-(a) Hernia	T	1	3	15	19	-	1	-	1	4	-	-	4	5	4	15	24	-	-	1	1
	O	14	5	27	46	1	2	-	3	15	1	3	19	30	8	30	68	-	-	1	1
(b) Other	T	5	11	10	26	1	-	-	1	8	1	7	16	14	12	17	43	-	7	1	8
	O	7	21	103	131	3	6	-	9	48	15	18	81	58	42	121	221	-	-	1	1
Orthopaedic - (a) Posture	T	3	-	4	7	14	1	-	15	19	1	8	28	36	2	12	50	4	-	2	6
	O	6	4	7	17	10	2	-	12	34	8	10	52	50	14	17	81	1	-	3	4
(b) Feet	T	75	11	184	270	28	9	-	37	117	16	53	186	220	36	237	493	-	5	24	29
	O	95	34	283	412	45	6	-	51	182	22	68	272	322	62	351	735	2	-	30	32
(c) Other	T	27	-	33	60	37	2	-	39	39	7	11	57	103	9	44	156	5	-	5	10
	O	59	10	60	129	74	12	-	86	67	6	13	86	200	28	73	301	-	-	4	4
Nervous System - (a) Epilepsy	T	3	1	8	12	4	1	-	5	6	1	1	8	13	3	9	25	2	-	-	2
	O	-	1	19	20	3	4	-	7	5	-	2	7	8	5	21	34	1	-	-	1
(b) Other	T	3	-	1	4	3	-	-	3	1	-	3	4	7	-	4	11	-	-	1	1
	O	4	3	29	36	6	-	-	6	12	-	8	20	22	3	37	62	-	-	3	3
Psychological - (a) Development	T	2	-	12	14	26	1	-	27	112	-	16	128	140	1	28	169	113	-	4	117
	O	24	14	55	93	9	2	-	11	66	7	30	103	99	23	85	207	-	-	17	17
(b) Stability	T	15	3	15	33	3	-	-	3	31	2	28	61	49	5	43	97	119	-	4	123
	O	68	13	136	217	24	3	-	27	106	7	47	160	198	23	183	404	1	-	11	12
Abdomen	T	4	-	13	17	11	1	-	12	7	-	2	9	22	1	15	38	-	-	-	-
	O	16	-	18	34	12	3	-	15	15	2	5	22	43	5	23	71	-	-	-	-
Other	T	12	4	12	28	20	3	-	23	54	2	7	63	86	9	19	114	10	19	2	31
	O	27	9	42	78	12	8	-	20	39	9	19	67	78	26	61	165	-	-	4	4

PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
External and other, excluding errors of refraction and squint	93	35	3	131
Errors of refraction (including squint)	1,886	1,040	1,328	4,254
Totals	1,979	1,075	1,331	4,385
Number of pupils for whom spectacles were prescribed	982	219	435	1,636

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Received operative treatment for:-				
(a) diseases of the ear	19	5	-	24
(b) for adenoids and chronic tonsillitis	203	168	144	515
(c) for other nose and throat conditions	13	12	48	73
Received other forms of treatment	15	26	-	41
Totals	250	211	192	653
Total number of pupils in schools who are known to have been provided with hearing aids:-				
(a) in 1966	3	7	16	26
(b) in previous years	21	16	61	98

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
(a) At clinics or out-patient departments	302	69	73	444
(b) At school for postural defects	100	-	920	1,020
Totals	402	69	993	1,464

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
Ringworm - (a) Scalp	-	-	-	-
(b) Body	-	-	5	5
Scabies	7	7	-	14
Impetigo	3	-	5	8
Other skin diseases	29	2	2	33
Totals	39	9	12	60

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	425	118	325	868

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
By speech therapists	204	100	312	616

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	82	19	-	101
Received B.C.G. Vaccination	674	515	1,552	2,741
Received breathing exercises at an Asthma Clinic	35	-	-	35
Received treatment for Nocturnal Enuresis (Buzzer Alarm)	75	-	79	154
Totals	866	534	1,631	3,031

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	6,422	5,093	1,399	12,914
Subsequent visits	7,098	9,102	2,507	18,707
Total visits	13,520	14,195	3,906	31,621
Additional courses of treatment commenced	761	640	206	1,607
Fillings in permanent teeth	4,911	12,087	4,033	21,031
Fillings in deciduous teeth	8,410	1,033	-	9,443
Permanent teeth filled	4,076	10,516	3,467	18,059
Deciduous teeth filled	7,712	938	-	8,650
Permanent teeth extracted	354	1,829	569	2,752
Deciduous teeth extracted	4,747	1,400	-	6,147
General anaesthetics	1,493	586	60	2,139
Emergencies	926	425	105	1,456

Number of Pupils x-rayed	757
Prophylaxis	1,525
Teeth otherwise conserved	2,430
Number of teeth root filled	71
Inlays	8
Crowns	23
Courses of treatment completed	12,553

ORTHODONTICS

Cases remaining from previous year	202	
New cases commenced during year	253	
Cases completed during year	165	
Cases discontinued during year	24	
No. of removable appliances fitted	314	
No. of fixed appliances fitted	4	
Pupils referred to Hospital Consultant	119	(61 for advice only)

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	7	22	20	49
Number of dentures supplied	7	23	26	56

ANAESTHETICS

General Anaesthetics administered by Dental Officers	404

INSPECTIONS

(a) First inspection at school. Number of Pupils	32,802
(b) First inspection at clinic. Number of Pupils	6,755
Number of (a) + (b) found to require treatment	23,518
Number of (a) + (b) offered treatment	18,222
(c) Pupils re-inspected at school or clinic	2,962
Number of (c) found to require treatment	1,814

SESSIONS

Sessions devoted to treatment	5,389
Sessions devoted to inspection	363
Sessions devoted to Dental Health Education	337